

Automatic Payment Plan

City of Taylorsville – Department of Water

PO Box 279, 70 Taylorsville Road

Taylorsville, KY 40071

Phone: 502-477-3235

Contact Name: Dana Lewis

Company ID: CTW

Please attach a voided check with application

I (We) hereby authorize CITY OF TAYLORSVILLE, hereinafter called "CTW", to initiate debit entries to my (our) check account indicated below at the depository financial institution named below, hereinafter called "Depository". This authorization is valid for Variable Amounts that will occur MONTHLY on variable dates, as specified in my agreement with CTW. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law. I understand that this could take up to two (2) billing cycles to take effect.

Name of Bank/Depository: _____ Branch: _____

City: _____ State: _____ Zip: _____

Nine Digit Routing #: _____ Checking Account #: _____

This authorization is to remain in full force and effect until CTW has received written notice from me (or either of us) of its termination in such time and manner to afford CTW and Depository a reasonable opportunity to act on it.

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Date: _____ Phone #: _____

CTW Account # (s): _____ Cycle 1 or Cycle 2 _____

By signing this authorization you also agree that shall you decide to revoke this authorization, you will do so in the manner specified in the original agreement between you and CTW.

Customer Initials: _____

Copy of ACH Debits will be retained by CTW for two (2) years following termination. Copies can be provided to any related party within 60 days of receipt of written request.